



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JFW

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/714,196
		Filing Date	November 14, 2003
		First Named Inventor	Peter Jakubowski
		Art Unit	2131
		Examiner Name	Unknown
Total Number of Pages in This Submission		Attorney Docket Number	AMANO-013A

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check for \$180.00; Certificate of Mailing and Return Postcard.
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	STETINA BRUNDA GARRED & BRUCKER		
Signature			
Printed name	Bruce B. Brunda		
Date	April 8, 2005	Reg. No.	28,497

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Dawn A. Privett	Date	April 8, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Case No.: AMANO-013A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Peter Jakubowski)	Group No.:	2131
Serial No.:	10/714,196)		
Filed:	11/14/2003)	Examiner:	Unknown
For:	TIME RECORDER HAVING ASSOCIATED INTERMITTENT BIOMETRIC SENSOR AND COMPARISON APPARATUS)		

**INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. SECTION 1.97**

Mail Stop AMENDMENT
Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

Dear Sir/Madam:

Pursuant to 37 C.F.R. § 1.97, the following Information Disclosure Statement is submitted as listed on form PTO/SB/08A/08B enclosed herewith in duplicate.

No representation is made that the references disclosed herein legally constitute prior art, or that more relevant references are not available. The non-patent disclosure documents enclosed herewith and listed on the attached form (PTO/SB/08A/08B) are printed in the English language and/or accompanied by an Abstract published in the English language.

The references listed herein, when taken alone or in combination are not believed to disclose nor make obvious the invention as claimed in the subject application.

As this Information Disclosure Statement is being submitted before the stipulated

three

months from the filing date of the application and/or before the mailing of a first Office Action, it is believed that no fee is required.

If a fee is required, please charge Account Number 19-4330.

Respectfully submitted,

Dated: April 8, 2005

By:

Customer No. 007663


Bruce B. Brunda
Registration No. 28,497
STETINA BRUNDA GARRED & BRUCKER
75 Enterprise, Suite 250
Aliso Viejo, CA 92656
(949) 855-1246

T:\Client Documents\AMANO\013a\Information Disclosure Statement.040805.doc



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Application Number	10/714,196
				Filing Date	11/14/2003
				First Named Inventor	Peter Jakubowski
				Art Unit	2131
				Examiner Name	Unknown
				Attorney Docket Number	AMANO-013A
Sheet	1	of	1		

Examiner Signature		Date Considered	
-------------------------------	--	----------------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

1

of

3

<i>Complete if Known</i>	
Application Number	10/714,196
Filing Date	11/14/2003
First Named Inventor	Peter Jakubowski
Group Art Unit	2131
Examiner Name	Unknown
Attorney Docket Number	AMANO-013A

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		AMANO CINCINNATI, INC. website re: TIME SOLUTIONS BX-1500 SERIES ELECTRONIC TIME RECORDER	
		AMANO CINCINNATI, INC. website re: TIME SOLUTIONS MRX-35 ELECTRONIC CALCULATING TIME CLOCK	
		AMANO CINCINNATI, INC. website re: AMANO NS-5100 SERIES ELECTRONIC TIME RECORDER	
		AMANO CINCINNATI, INC. website re: AMANO BX-6000 ELECTRONIC TIME RECORDER	
		AMANO CINCINNATI, INC. website re: AMANO CP-3000 ELECTRONIC TIME RECORDER	
		AMANO CINCINNATI, INC. website re: EX-9000 SERIES ELECTRONIC PAYROLL RECORDER	
		AMANO CINCINNATI, INC. website re: MJR7000 COMPUTERIZED TIME RECORDER	
		AMANO CINCINNATI, INC. website re: MJR-8000 SERIES COMPUTERIZED TIME RECORDER	
		AMANO CINCINNATI, INC. website re: TIME SOLUTIONS PIX-15 ELECTRONIC TIME RECORDER/TIME STAMP	
		AMANO CINCINNATI, INC. website re: TIME SOLUTIONS PIX-21 SERIES PORTABLE ELECTRONIC TIME RECORDER & TIME STAMP	
		AMANO CINCINNATI, INC. website re: PIX-3000X ELECTRONIC TIME RECORDER	

Examiner Signature

Date Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

2

of

3

Complete if Known

Application Number	10/714,196
Filing Date	11/14/2003
First Named Inventor	Peter Jakubowski
Group Art Unit	2131
Examiner Name	Unknown
Attorney Docket Number	AMANO-013A

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		AMANO CINCINNATI website re: TIME SOLUTIONS TCX-11 ELECTRONIC TIME CLOCK	
		AMANO CINCINNATI website re: TIME SOLUTIONS TCX-21/TCX-22 SERIES PORTABLE ELECTRONIC TIME RECORDER	
		AMANO CINCINNATI website re: AMANO 4700/4800 SERIES AUTOMATIC TIME & DATE STAMP	
		AMANO CINCINNATI website re: TRUTIME WORKFORCE MANAGEMENT SUITE MJR-8150	
		AMANO CINCINNATI website re: TRUTIME WORKFORCE MANAGEMENT SUITE MTX SERIES	
		AMANO CINCINNATI website re: TRUTIME WORKFORCE MANAGEMENT SUITE HANDPUNCH	
		AMANO CINCINNATI website re: HANDPUNCH 2000 TIME & ATTENDANCE TERMINAL	
		AMANO CINCINNATI website re: HANDPUNCH 3000 TIME & ATTENDANCE TERMINAL	
		AMANO CINCINNATI website re: HANDPUNCH 4000 TIME & ATTENDANCE TERMINAL	
		AMANO CINCINNATI website re: TIME SOLUTIONS TIME GUARDIAN EMPLOYEE TING TRACKING SYSTEM	
		AMANO CINCINNATI website re: TIME SOLUTIONS TIME ATTENDANT EMPLOYEE TIME TRACKING SYSTEM	

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

of

Complete if Known

Application Number	10/714,196
Filing Date	11/14/2003
First Named Inventor	Peter Jakubowski
Group Art Unit	2131
Examiner Name	Unknown

Attorney Docket Number **AMANO-013A**

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS		
Examiner Initials*	Cite No. 1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.
		AMANO CINCINNATI website re: TRUTIME WORKFORCE MANAGEMENT SUITE MOBILEPUNCH
		AMANO CINCINNATI website re: TRUTIME WORKFORCE MANAGEMENT SUITE PC PUNCH
		AMANO CINCINNATI website re: TRUTIME WORKFORCE MANAGEMENT SUITE FONE-PUNCH
		AMANO CINCINNATI website re: TRUTIME WORKFORCE MANAGEMENT SUITE NETPUNCH
		AMANO CINCINNATI flyer re: EX-6000N SERIES ELECTRONIC TIME RECORDER
		ABYY SOFTWARE HOUSE website re: FORMREADER
		SCANSOFT website re: OMNIPAGE OFFICE
		PROPHET Touch and Go Swapping PINs For Fingerprints, EDN Magazine, May 16, 2002, 34-36, 38, 40, 42, 44, 46
		SecuGen Corporation FDA01 document; Standalone Unit w/Built in CPU Application Guide, pages 1-38.

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$) 180.00

Complete if Known	
Application Number	10/714,196
Filing Date	11/14/2003
First Named Inventor	Peter Jakubowski
Examiner Name	Unknown
Art Unit	2131
Attorney Docket No.	AMANO-013A

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 19-4330 Deposit Account Name: Stetina Brunda Garred & Brucker

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
---------------------	-----------------	-----------------

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x 250.00 =	250.00	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

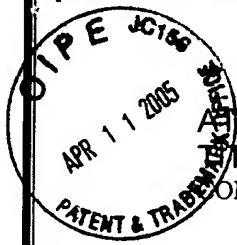
Other: Information Disclosure Statement 180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	28,497	Telephone	(949)855-1246
Name (Print/Type)	Bruce B. Brunda			Date	April 8, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



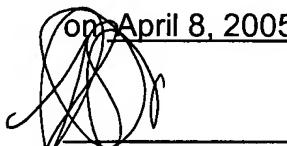
ATTORNEY DOCKET NO: AMANO-013A

TITLE: TIME RECORDER HAVING ASSOCIATED INTERMITTENT BIOMETRIC SENSOR AND
COMPARISON APPARATUS

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on April 8, 2005

(Signature)

Dawn A. Privett

(Typed name of person signing certificate)

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Information Disclosure Statement Transmittal Form (in duplicate);
2. Information Disclosure Statement by Applicant Form – Patent (in duplicate);
3. Information Disclosure Statement by Applicant Form – Non-patent (3 sheets in duplicate);
4. Disclosure Documents (of 31 stapled packets);
5. Fee Transmittal (in duplicate);
6. Check for \$180.00;
7. Transmittal Form;
8. Certificate of Mailing; and
9. Postcard